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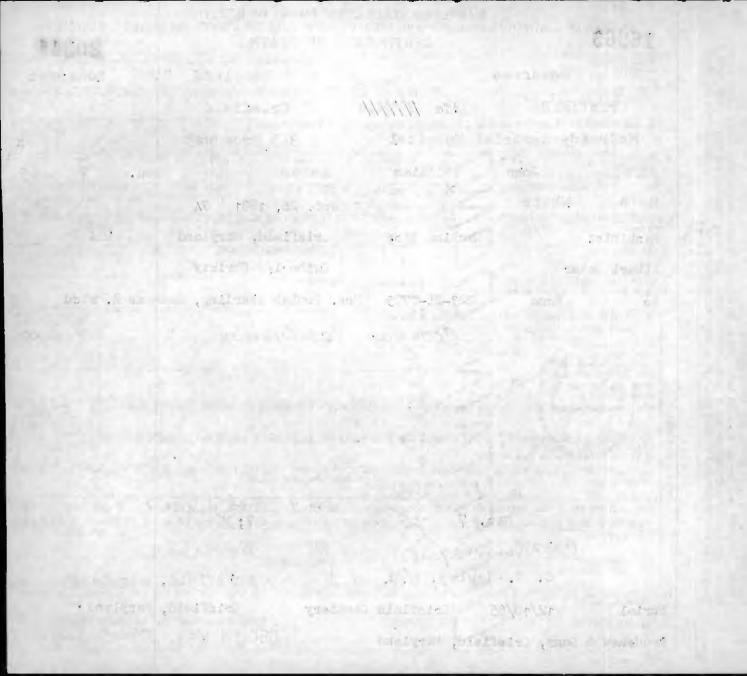
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MADVIAND STATE DEDADTMENT OF HEALTH 1696

	MARILAND STATE DEFARINGED OF BEALTH	
ION C	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
3	CERTIFICATE OF DEATH	131/19/14

1. PLACE OF DEATH a. COUNTY Some:	MARYLAND	a. STATE Maryl	ere deceased lived, If institution: and b. COUNTY	Residence before admission) Somerset
b. CITY OR TOWN (if outside cor write RUBAL and give neares	rporate limits, c. LENGTH OF STAY IN 1b st town)	c. CITY OR TOWN (If outside	e corporate limits, write RURA 1 d	L and give nearest town)
	TUTION (if not in hospital, give street address) Morial Hospital	d. STREET ADDRESS / 313 Broa	dwaw	e. IS RESIDENCE ON A FARM?
	210000000000000000000000000000000000000	) J2 J D1 02		YES NO E
4.3kg or krund	First Middle ohn William	Baker 4. D	PATE Month DEATH Dec.	Day Year 7 19 65
Male White	MIDONED DIVORCED	8. DATE OF BIRTH Sept. 26, 1891	9. AGE (In years IFUNDE last birthday) Months 74 yrs.	Days Hours Min.
Machinist	work done of Db. KIND OF BUSINESS OR INDUSTRY Machine Shop	Crisfield, Man	ryland (	CITIZEN OF WHAT COUNTRY? JSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Albert Baker		Catherine Chr.		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown)   (If yes give war or o	ED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No None	223-26-0795 Mr	s. Beulah Sterl	ing, Same as 2.	abcd
PART I. DEATH WAS CAUSE IMMEDIATE CA	nly one cause per line for (a), (b), and (c).] ED BY: AUSE (a) DUE TO	occlusion		INTERVAL SETWEEN ONSET AND DEATH T Chays-
conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.	(b)			
ICATI	IDITIONS CONTRIBUTING TO DEATH BUT NOT REL			YES NO
	NG   20b. DESCRIBE HOW INJURY OCCI F DEATH XAMINER)	URRED. (Enter nature of Injury	In Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Hour a.m.	Day, Year 20d. INJURY OCCURRED 2De. PLJ White Not While at work at work	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.)	Of. (City or town) (Co	ounty) (State)
	hospital) attended the deceased from	at death occurred at 7:3		the date stated above.
228. SIGNATURE	Rowley M.	The second secon	STAFF -	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) C.	G. Rawley, M.D.	226. ADDRESS	sfield, Mary	Land
DEMOVAL (Specify)	23c. NAME OF CEMETER 10/65 Crisfield Cem	netery Cr	i. Location (city, town or co	ind
24. FUNERAL DIRECTOR	ADDRESS	DAREC 1	REGISTRAR   25b. REGISTRAL	R'S SIGNATURE
Bradshaw & Sons,	Crisfield, Maryland	DATE	1000 /-	

VR AI5 (4) 20M 1/65



24 hours after death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

TO FUNRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Geath

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 911945

1. PLACE OF DEATH				2. USUAL RE	SIDENCE (Who	ere deceased lived, If	institution: R	esidence before	admission)
	Somerset		MARYLAN		Maryla	ind		omerset	, ,
b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tow	te limits,	C. LENGTH OF STAY IN	1b c. CITY OR T	OWN (If outside	e corporate limits,	write RURAL	and give near	rest town)
	Crisfield	,	Adult life	39	Crisfi	leld			
d. NAME OF HOS	PITAL OR INSTITUTION	N (if not In h	iospital, give street addr	d. STREET AD	DRESS			e. IS R	ESIDENCE A FARM?
	DOA McCres	dy Hos	pital	1/	Byrdto	own Rd.		YES	NO 🛣
3. NAME DF DECEASED	FI	rst	Middle	1.ast		DATE Mo	nth		Year
(Type or print)		ARA	G.	BYRD		DEATH Decem			g 65
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BII		9. ACE (in year last birthda)		1 YEAR IF UNI	
Female	White	WIDOWED	OIVORCED [	March 12,	1893	72 yrs.	" INOILUIS	Days Hou	S IVIIII.
Factory W		d) _ l	IND OF BUSINESS OR NOUSTRY	Accomac	, Virgi		Ç	ITIZEN OF WH DUNTRY? SA	AT
13. FATHER'S NAM	_				'S MAIOEN NAI	ME			
Edward T.				Sally S	parrow				
15. WAS DECEASED (Yes, no, or unknown)	VER IN U.S. ARMED FO (If yes give war or dates o	RCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT		Add	ress		
No	None		3-10-8028	Mrs. Eliza	beth Tu	ill, Same	as 2.	abed	
PART I. OF	PART I. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions If any which by								
gave rise to cause (a), st underlying cause	ating the OUE	(c) 72	eafed ?	Heron	Ås:		1	104	
O PARTITOTHERS	IGNIFICANT CONDITTO	DNSCONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASI	EGONDITIONGIVEN	IN PART 1(a)	19. WAS PERF	AUTOPSY ORMED? NO
OR CONTRIBUTI	WAS UNDERLYING [] NC [] CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCURREO. (Enter n	ature of Injury	in Part I or Part I	of Item 18.	)	
20c. TIME OF I Hour a.n		Year 20d. While at wor	- Not While -	PLACE OF INJURY (I actory, street, office	lome, farm, bldg., etc.)	20f. (City or town)	(Cou	nty)	(State)
	ceased alive on	Mr. 5	ted the deceased from	M.O. ATTENOING PHYS.   22d. ADDI	MED. DIRECT	M, from the cause	es and on the	ATE SICNED	
23a. BURIAL CREM BEMOVAL (Spe Burial 24. FUNERAL OIRE Bradshaw &	ATION, 23b. DATE Dec. 4	THEREOF 1965	23c. NAME OF CEME Frivate Fam AODRESS	TERY OR CREMATOR	y 23c	i. LOCATION (City, risfield, REGISTRAR 25b.	town or cou	Inty) S SIGNATURE	(State)
Bradshaw &	Sons, Cria	sfield,	Md.		EC 10	1000 00	/ //	0	•

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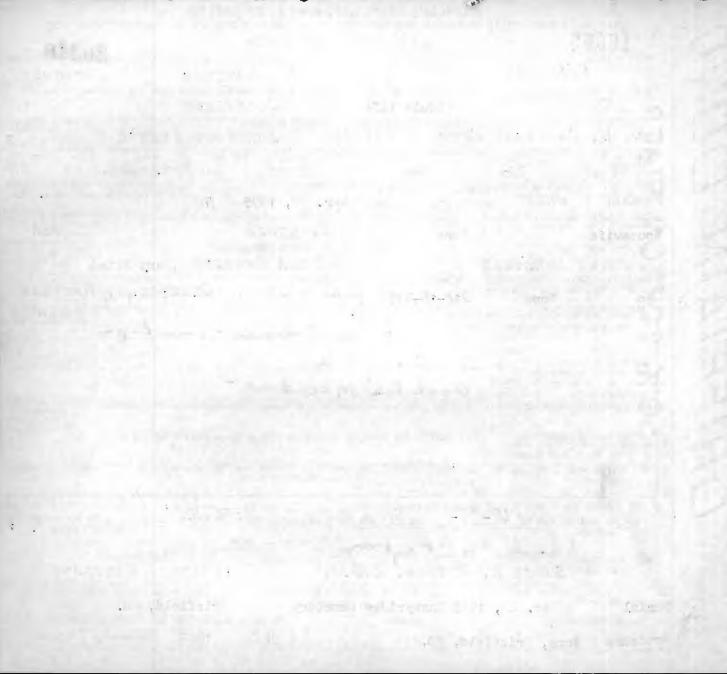
.... TAGUSTE PROFESSION . Listrate - - will dieb. Latarage Countries 1975 Harmon and the second s 5. Crar are some as Line n/amen afulfita jorgania agency i enter noto. to the second se St. While A College of the Coll Manufact with the start of the to pure in the second second

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16965 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. COUNTY SOMERSET	MARYLAND 2.	A OTATE NO	e deceased lived, If institution: $LAND$ b. COUNTY	Residence before admission) OMERSET
write RURAL and give nearest town) URISFIELD A	dult life	OR TOWN (If outside	corporate limits, write RURAL $ELD$	and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit EDW. W. MCCREADY MEMO	tal, glye street address) d. S . HOSPITAL 1	STREET ADDRESS SOMERS	SET AVENUE	o, is residence on a farm? yes \( \) No \( \overline{A} \)
3. NAME OF FIRST DECEASED (Type or print) Ida	Middle Mae	BYRD 4. D	EATH DECEMBER	Day Year 17 19 65
FEMALE WHITE WIDOWED X	DIVORCED Apr.	20, 1895	9. AGE (in years   IFUNDER   100   1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  None	OF BUSINESS OR TILE	BIRTHPLACE (County & STRGINIA	State, or foreign country) 12. C	OUNTRY? USA
13. FATHER'S NAME		MOTHER'S MAIDEN NAM		
WORTH ARMSTEAD		Ella Hudgi		1)
(Yes, no, or unkown) (If yes give war or dates of service)	MELVI	RMANT	CRISFIELD,	MARYLAND
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	alutes Me	eletus -		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED T	ÖTHETERMINALDISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED.	. (Enter nature of Injury	in Part I or Part II of Item 18	J.)
19	Not While at work	INJURY (Home, farm, 20 eet, office bldg., etc.)	of. (City or town) (Co	unty) (State)
21. I certify that (I) (this hospital) attended to saw the deceased alive on	he deceased from	th occurred at	to 12/1/0,019 , from the causes and on	, that (1) (we) last the date stated above.
22a. SIGNATURE	Dentonmo. AT	TENDING MED.	STAFF 22b. [	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) SARAH M. PEY	TON, M.D.	2d. ADDRESS CRIS	SFIELD, MAR	YLAND
Burial Specify Dec. 20, 1965 S	oc. NAME OF CEMETERY OR Cunnyridge Cemet	ery C:	LOCATION (City, town or corisfield, Md.	
24. FUNERAL DIRECTOR	ADDRESS		EGISTRAR 25b. REGISTRAR	
Bradshaw & Sons, Crisfield, M	d.	DEC 23	1965 Peliarle	2 Judge

VR A15 (4) 20M 1/65



TO ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH 6966 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							4 11 63 1
1. PLACE 0 a. COUN	Somer		MARYLAND	2. USUAL RESIDENT		le a OTHERY	omerset
b. CITY write	OR TOWN (if outside corpora RURAL and give nearest to	ite limits, c	LENGTH OF STAY IN 1b		The state of the s	mits, write RURAL a	nd give nearest town)
	Crisfield		1/2/2/Pet/s		risfield		e. IS RESIDENCE
	Cready Memor			/	Pear Str	eet	ON A FARM?
3. NAME D	F F	irst	Middle	Last	4. DATE	Month	Day Year
(Type or	print)	mm a	M.	Evans		12/22/65	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	last bli	years   IFUNOER 1 rthday)   Months   C	YEAR IF UNDER 24 HRS.
Fema.		WIDOWED _	DIVORCED	May 17, 190	61	yrs.	
10a. USUAL D during most	CCUPATION (Give kind of work of working lite, even if retire	done 10b. KINE	OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreig	n country)   12. CIT COL	IZEN OF WHAT
Seams		Clot	hing	Luzerne,		US	A
13. FATHER				14. MOTHER'S MAIC			
	ew Zelenowski			Martha Val	llus		
(Yes, no, er u	CEASED EVER IN U.S. ARMED F nkown)   (If yes give war or dates	of service)		INFORMANT		Address	
No	None	1,		llton Evans,	Sr., Same	as 2. abc	
	USE OF DEATH [Enter only or		for (a), (b), and (c).]	n./			INTERVAL BETWEEN ONSET AND DEATH
I A	RT I. CEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (a)	rdiac d	allure			
17	DUE	TO C	reinoma	fac :			
	ons, if any, which ) ise to immediate	(0)	readura	10000			
	(a), stating the DUE	10 Care	inema of	centre n	netas tasi	unel !	
PARTII.	OTHER SICNIFICANT CONDITI	ONSCONTRIBUTIO	NG TO DEATH BUTNOT RE	ATED TO THE TERMINAL	DISEASE CONDITIONS	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA							YES NO
PARTII.  208. AC OR CON (IF EIT)	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATER, NOTIFY MEDICAL EXAMI	TH (NER)	CRIBE HOW INJURY OC	URRED. (Enter nature of	Injury in Part I or F	Part II of Item 18.)	
정 20c. TI	ME OF INJURY Month, Day,	Year 20d. INJU		ACE OF INJURY (Home, fa		town) (Coun	ty) (State)
ZOC. TI	our a.m. p.m. 19	While at work	Not While at work	tory, street, office bldg., e	(C.)		
	I certify that (I) (this hos			Dec 19 1	965 to Des	21 196	≤, that (I) (we) fast
	the deceased alive on	12/22/6	<b>云 19.65</b> , and th	at death occurred at	; 4 M, from the	causes and on the	e date stated above.
22a. S	ICNATURE	. 17	1			22b. DA	TE SICNED
	allan G. Z	livare	Cr. M	D. PHYS.	MED. STAF	. D De	1. 22, 1965
	HYSICIAN'S IAME (Type) A. G	. Edwar	ds, M.D.	22d. ADDRESS	Crisfie	ld, Mary	land
23a. BURIA	L. CREMATION, 23b. DATE		3c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	(City, town or cour	ity) (State)
	YAL (Specify) Dec.	24, 165	Crisfield Co		Crisfiel	d, Maryla	nd
	AL DIRECTOR		ADDRESS		O'D BY RECISTRAR	001	
Brads	haw & Sons, Cr	isfield,	Maryland	DEC	2 8 1965	Johnsonles	Judge

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1 - 1/11,11/2 Los Commando Mondo e interfacilia L, 7 - CL •100F ading divide TOTAL THE TANK OF CAME OF THE PARTY OF THE P Him team of Landaden Committee of the co manifest designed german delicited his as as false partition in the first the stratum. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 20348

1. PLACE OF DEATH	ce before admission)
Somerset Maryland b. COUNTY Som	erset
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)
Crisfield /4/pe/s Life 37 Crisfield	
	e. IS RESIDENCE ON A FARM?
McCready Memorial Hospital Franklin Lane	YES NO X
3. NAME OF First Middle Last 4. DATE Month OR OF OF OTHER OF OR OF OTHER OF OTHER OF OTHER OF OTHER OT	
	9649
Mod last birthday) Months   Oays	
10a, USUAL OCCUPATION (Give kind of work done   10b, KINO OF BUSINESS OR   11, BIRTHPLACE (County & State, or foreign country)   12, CITIZEI	N OF WHAT
during most of working life, even if retired)   INDUSTRY   Salesman   Wholesale Beer   Somerset County, Md.   USA	RY7
13. FATHER'S NAME   14. MOTHER'S MAIOEN NAME	
Walter J. Franklin Willie Sterling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	
No None 213-12-5710 Mrs. Merrible Franklin, Same as 2.	abcd
	FERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myo pardial in fareliam	24 less.
4201 OUE TO	
Conditions, If any, which \ (b)	
gave rise to immediate (	
cause (a), stating the OUE II underlying cause last. (c)	
	. WAS AUTOPSY
5 appendiculia (appandentony (2 days prior death)	PERFORMEO?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19  Compared diseases of Contribution of Contributing of Cont	
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) factory, street, office bidg., etc.)	(21916)
21. I certify that (I) (this hospital) attended the deceased from Mee 18, 1963 to Mee 20, 1963, 1	that (I) (we) last
saw the deceased alive on 1960 20 1965, and that death occurred at 13 3M, from the causes and on the da	
22a. SIGNATURE 1 22b. OATE S	IGNEO
& Rawley M.O. ATTENDING DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D. 22d. aports field, Maryland	
23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	(State)
Burial Dec. 22, 1965 Sunnyridge Cemetery Crisfield, Md.	
24. FUNERAL DIRECTOR ADDRESS   25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIG	NATURE
Bradshaw & Sons, Cristield, Md. DEC 27 1965 Schooley	

VR A15 (4) 20M 1/65

22 ///// The state of the s All commanders the second of t the in an incompany to the transfer of the tra Martine Contract of the Contra \* Consequent about the second of Total Control of the past of the past of the control of the contro

he phinting and a resident

H. James Jr. Princess Anne.

VR A15ME 5M 1/63

23. FUNERAL DIRECTOR

24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

. IS RESIDENCE ON A FARM? YES NO TO

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

PERFORMED?

NO F

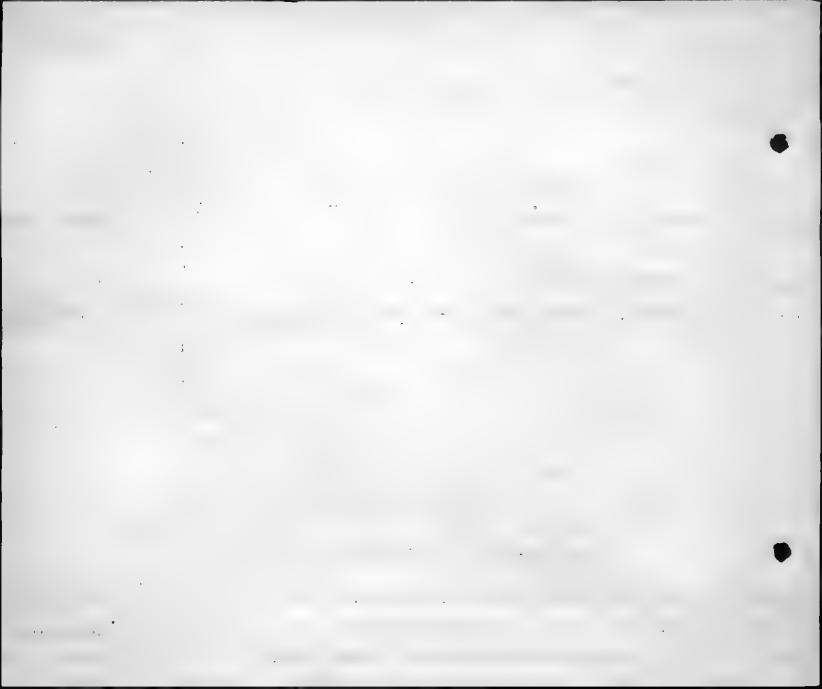
(Stete)

and in my opinion

DATE SIGNED

USA

(County)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

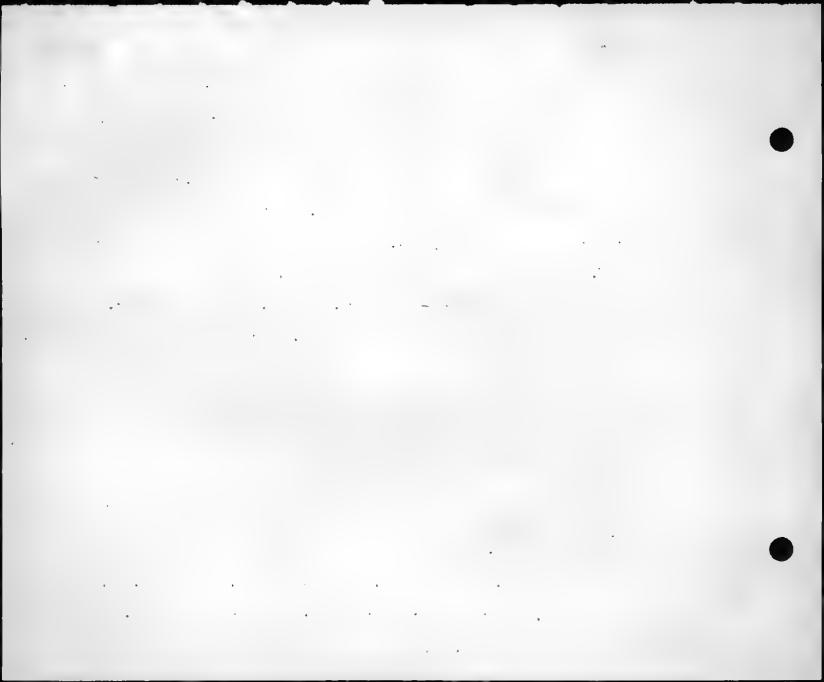
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VR A15 (4) 20M 1/65

16969 of STATISTIC

MARYLAND STATE DEPARTMENT OF HEALTH	
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
CERTIFICATE OF DEATH	1. 051

-								1277
1	PLACE OF DEATI a. COUNTY	Somerset		OTATE	E (Where dece	ased lived, If institut b. COUNTY	ion: Residence Some:	
1	b GITY OR TOW		MARYLAND		_			
	write RURAL	N (If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	•	*	URAL and giv	e nearest town)
		Crisfield	Adult life	39 Cr	isfield	đ.		
	d. NAME OF HOS	SPITAL OR INSTITUTION (if not in !	ospital, give street address)	d. STREET ADDRESS			9	. IS RESIDENCE ON A FARM?
_		State Street		! St	ate St	reet	Υ	ES NO 🔀
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
_	(Type or print)	HENRY	LEE	HOWARD	DEATH	December	15	19 65
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years IFU Jast birthday) Mor	NDER 1 YEAR	
	Male	White WIDOWED		Sept. 28, 19	100   6	угз.	iths Days	Hours   Min.
10a	USUAL OCCUPAT		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	ounty & State, (	or foreign country)	12. CITIZEÑ ( Country	
	Inspect	or Cut	lery Mfg.	Marion, Ma	rvland		USA	•
13	. FATHER'S NAM	E		14. MOTHER'S MAID				
	Henry J.	. Howard		Mary E. Ro	58			
15	. WAS DECEASED	VER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT		Address		
	No.		5-05-7002 Mr	s. Agnes R.	Howard,	Same as	2. abc	d
	18. CAUSE OF	DEATH [Enter only one cause per	line for (a), (b), and (c).]		,			WAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: 1/1/2	neardea	I Lufar	ex		20	ET AND DEATH
	4201	DUE TO		- 0		-		
	Cenditions, If	any which I						
	gave rise to	immediate (						
	cause (a), si underlying caus							
롲		IGNIFICANT CONDITIONS CONTRIB	ITTING TO DEATH BUT NOT BELL	TED TO THE TEDMINAL D	I E FACE COND	ITION CIVEN IN DAD	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	WAS AUTOPSY
AŢ.	TAKT II. O III EK	TOTAL TOTAL TOTAL STATE OF THE	OTHER TO DESTINED THE TREE	ATED TO THE TERMINALD	ISENSE COND	ITIONGITEN IN FAR		PERFORMED?
문							YES	NO NO
CERTIFICATION	OR CONTRIBUT! (IF EITHER, NO	WAS UNDERLYING   20b. NG   CAUSE OF DEATH FIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of	injury in Par	t I or Part II of Ite	m 18.)	
¥.			NJURY OCCURRED 120e. PLA	CE OF INJURY (Home, fa	rm.   20f. (0	ity or town)	(County)	(State)
MEDICAL	Hour a.n		Not While facto	ry, street, office bldg., et	tc.)	,	(	,
Σ	p.r					5 1 . O		
		y that (!) (this hospital) attend	ed the deceased from	5/27	ر to_	1/18	th: ر <u>ے 19</u>	at (I) ( <del>we)</del> lasi
		ceased alive on // / 8	19 <u>65</u> , and tha	t death occurred at2	— M, fror	n the causes and	on the date	stated above
	22a. SIGNATUI	(0)-	1	ATTENDING	MED.	STAFF 22	b. DATE SIG	NEO/
	1000	unt a loter	N.I	D. PHYSLXI [	DIRECTOR	PHYS.	1/20	163
	22c. PHYSICIA NAME (T)		1 1/ 2	22d. ADDRESS				
	l	Robert E. Rob	erts, M. D.	W. Main	St., Ci	risfield,	Md.	
238		ATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOC	ATION (City, town	or county)	(State)
B	REMOVAL (Spe urial	Dec. 18, 1965	Sunnyridge C	emetery	Crist	field, Md.		
24	. FUNERAL DIRE		ADDRESS	25a _REC		RAR 25b, REGIS		
P	radshaw /	Sons, Crisfield	. Md.	I DEC	27 19	65 Holla	wees you	edge
Jui	The property of the contract o	" DAME AT TOTALLE	7	1 Maria		- U		5/



executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10000		T. //33 0 30	Dia Manage	2 /2 //			200 17 63 6	18 3
1. PLACE OF DEATH	Н	TUCH // II & IZ		RESIDENCE (Whe		If Institution: R	lesidence befor	e admission)
	Somerse			Mary.	Land	S	omers	
b. CITY DR TDW write RURAL	/N (if outside corporate lim and give nearest town)	nits, c. LENGTH OF STAY I	IN 1b C. CITY OF	TOWN (If outside	corporate limit	is, write RURAL	and give ne	arest town)
	sfield	1 Day	139	Crisfie:	ld			
d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital, give street add	dress) d. STREET	ADDRESS			6. IS	RESIDENCE A FARM?
	eady Memori		/	Asbury .	Avenue		YES	□ No □e
3. NAME DF DECEASED	First	Middle	Lasi		ATE	Month 10		Year
(Type or print)	Ruth		Par	ZL N		c. IL,		1965
5. SEX	6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED			last birth	ears   IFUNDER day)   Months	Days Ho	
Female	MITTON	IDOWED DIVORCED		27, 1893	72,	rs.		
1Da. USUAL OCCUPAT during most of work	TION (Give kind of work done ling life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTI	IPLACE (County &	State, er foreign c	puntry) 12. C	ITIZEN OF W	HAT
			Gri	isfield,	Md.	U.	S.A.	
13. FATHER'S NAM	IE		I4. MOTH	IER'S MAIDEN NAI	31			
William	n Sterling		E	lla Ster	ling			
	EVER IN U.S. ARMED FORCES		17. INFORMANT		,	ddress		
( res, no, or disconti)	(11 yes give no or onces or servi	667	Ray Par	cks. Cri	sfield	Md.		
18. CAUSE DF	DEATH [Enter only one cau	ise per line for (a), (b), and (c).		0			INTERVAL	BETWEEN
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ant. m.	u-and:	1 8 m	a stan	2	ONSEI AL	ND DEATH
420	1	a A	The Court	ar iri			2 1	
Cenditions, If	any, which DUE TO	Caronana	arteria	2- lines	eas		24	R5
gave rise to	immediate (							
cause (a), si underlying caus	tacing the f							
	(0)	ONTRIBUTING TO DEATH BUTNO	TRELATED TO THE	TERMINAL DISEASE	CONDITIONGLY	EN IN PART 1(a)	19. WAS	SAUTOPSY
E m	Id there	1					YES T	FDRMED?
PARTII. DTHERS  DA A  2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING	20b. DESCRIBE HOW INJURY	Y OCCURRED. (Ente	r nature of injury	In Part I or Par	t II of item 18	.)	<u></u>
OR CONTRIBUTI	ING CAUSE DE DEATH TIFY MEDICAL EXAMINER)		•					
	INJURY Month, Day, Year	20d. INJURY OCCURRED 12D	De. PLACE OF INJUR	Y (Home, farm,   2	Df. (City or to)	vn) (Coi	unty)	(State)
2Dc. TIME OF Hour a.r	п.	While - Not While -	factory, street, of	fice bldg., etc.)	(210)	,		
		at work at work	ek-	- //	12/	1	4 4 4 4 4 11	
		attended the deceased fro		, 19	,		that (ا	
saw the dec	CCESCU BITTE DIL	10/65 19 , an	d that death occ	urred at 3 14	d, from the ca		THE CATE STA	
22d. SIGNATUR	D. v B.	. 1. 2	ATTENDI	NG MED.	STAFF	D 12	1271	115
22c. PHYSICIA	AN'S	N, M.D.	M.D. PHYS.	DIRECT	OR PHYS.	11/A	111	600
NAME (T		Barr, M.D.			eld, Ma	ryland	1	
23a. BURIAL, CREN	MATION, 23b. DATE THER		METERY OR CREMAT	DRY   23d	. LOCATION (C	ity, town or co	unty)	(State)
Burial Burial	ecify) 12/13/65		an within		Crisfie			
24. FUNERAL DIRE		ADDRESS		25a. REC'D BY	REGISTRAR   25	b. REGISTRAR	'S SIGNATUR	₹E
Hinman F	uneral Home	e. Crisfield.	Md.	DEC 20	1965	Molarle	, Judo	Z.
2.5				DATE	1000		100	_

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IN FUNERAL BIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pie se remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

	ESEARCH AND RECORDS, 301 V		BALTIMORE 1, MARYLAND
16971	CERTIFICATE OF	DEATH	20352

4-								
	1. PLACE OF DEATH a. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Crisial old  Life \forall P///4/\$/	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  Crisfield						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?						
7	McCready Memorial Hospital	10 COVE St. 29 YES NO X						
	3. NAME OF First Middle DECEASED (Type or print) John Thomas	Ward OF 12-29-65 19						
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.						
1	Male White WIDOWED DIVORCED [ ]	Oct. 23, 1893 72 yrs. Months Days Hours						
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Taxicab Operator  13. FATHER'S NAME	Crisfield, Maryland USA  11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA						
1								
- 1	John Edward Ward  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Serah E. Henderson INFORMANT Address						
	(Yes, no, or unkown) ((If yes nive war or dates of service))	s. Hattie Sterling, Same as 2. abcd						
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA							
5	ICAT	YES NO -						
		RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor work p.m. 19 at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)						
	21. I certify that (I) (this hospital) attended the deceased from March, 1962, to 12-25, 1965, that (I) (we) last saw the deceased alive on 12/25/65 19, and that death occurred at 10; 1 m2 from the causes and on the date stated above.  22a. SIGNATURE 12b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D.	ATTENDING MED. STAFF. DIRECTOR STAFF. DIRECTOR Crisfield, Maryland						
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Dec. 31, 1965 Sunnyridge Cer	metery Crisfield, Md.						
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
D	Bradshaw & Sons, Crisfield, Md.	DUAN 3 1966 fellances guing						

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